RFA #2019-020 Q&A #1 Transcription

Amanda: Good morning, good afternoon. Good evening, everyone. Thanks for joining our call today. We're really excited to be able to have this conversation on behalf of Digital Square on our new opportunity that's been released through our Open Application Platform and process. This new opportunity is on digital financial services on health outcomes and health systems.

This is a little bit of run of show we'll do brief introductions. I'll talk a little bit about application logistics. We will provide an overview of the scope of work, and then, this call is to open the floor for questions from the community. I would ask that you go on mute, please, if you're not talking and that way we can hear all of our presenters. I'll briefly introduce myself; my name is Amanda BenDor. I work on the Digital Square team at PATH. As a partnerships and community manager and I am managing a lot of this work in partnership with our investors. Let's go ahead and dive in, because I want to leave plenty of time for everyone to ask questions.

This RFA release is on the Digital Square Open Application Process platform, here is a screen shot of that forum. We use this platform as a way to host different opportunities; we want them to be open and transparent. This is so that the community can provide input and be involved in this process. This is where you can find this and other opportunities. As you can see at the bottom, is the digital financial services on health outcomes opportunity. To find the opportunity on the platform you just click on that link and it'll take you right into this particular solicitation.

You'll see in our RFA that we have a couple of phases. The first phase right now is a concept note phase. We do this so that people who are interested in applying for this opportunity, don't develop a full proposal that might be off balance a little bit. We do the concept note phase as a way to get that high level idea out there so you can write just this is your approach. This is what we're thinking. This is the team that you're considering and have the opportunity to get feedback on that high level idea before you delve into your full application. The requirements for the concept note are listed on the left here. You must have a title, an executive summary, a description of your consortium team. We really do encourage you know multiple partners to work together. And then a project description which includes a problem statement and approach and risk mitigation. If you want more detail on these particular requirements, please review the RFA, or on the open application platform, you click where I have that blue arrow. It says click here to have more information about the submission request. This will detail a little bit more about these particular requirements for the concept phase. I want to call out. It's really important that you include all of these requirements, because in order to move forward to the application phase, you do need to address all of these in your concept, so if you don't have a problem statement, you may not move forward to the application phase. We don't want any great opportunities to be missed because of this.

Here is screenshot from our Open Application Process and platform, you can see where you click to access the full RFA, although I am assuming many of you on this call, hopefully have already seen that and the timeline is here. This is very important to note, if you are going to participate in this, you've got to have your concept notes admitted by October 18; nothing can come late. So, in order to get your foot in the door here, the concept note needs to be submitted by the 18th of October and ideally earlier so there's an opportunity for feedback from the community. After that, Digital Square will review these concept notes; we just dot our i's and cross our t's to make sure everything that has been submitted meets the requirements. We're also looking at the content to make sure that this is on par and going in

the right direction. Those applicants who advance to an application co-creation phase will be notified by October 29 and that's when the preliminary technical application co-creation phase opens. At that point, we'll say, move on to your application phase. There are different requirements for the application, which are outlined if you click where that blue arrow is and you can read ahead to that, if you'd like. We really encourage all of those applications to be posted by November 18 so that there is a dedicated time period for commenting from the community. In the past when we've run these, folks have submitted our applications on the last day and it's not been enough time for the community to give feedback, so we really want to have that feedback from the community. Applications must be submitted and finalized by December 20 then we'll take a break for some holidays. The evaluation committee will be reviewing this the second half of January and we anticipate awarding this work by February 2020. One note, on the review committee; in previous Digital Square announcements or RFA's or notices our Peer Review Committee has reviewed the applications. In this case we have a specific technical evaluation committee that will be reviewing applications.

I just want to make one more note before I hand it over to Amani on the commenting. Why should you read other people's concept notes and comment on them? This is the community part of this. This is the transparency part of this. It's a great way to offer ideas and suggestions for the proposed concept so if you see something that you think is going in the right direction, or maybe you want to join their consortium, and say, hey, are you looking for a partner on this? What do you think about us? It's a way to at least start that conversation. And then you can take it offline to if you want to join a consortium. It's also a place to ask for clarification were a concept is unclear. Let's say in the executive summary there's a statement that's really unclear, this is a good time to just say: I think you should clarify this a bit further in your concept note before submitting. I've posted a screenshot here on how you issue a comment. It's very, very simple. You have to be logged in to the platform in order to do that. I'm going to pass it over to Amani to give a brief introduction of yourself and talk a little bit more about the technical content of the survey, Amani, over to you.

Amani: Thank you, Amanda. Hi, everybody, my name is Amani M'Bale. I am a Senior Digital Financial Services Advisor in the Office of Health Systems at USAID's bureau for global health, and I'm one of the original designers of this research opportunity and this RFA and I wanted to talk to you a little bit about the background as to our thinking behind the RFA, and the goals that we are setting out for ourselves, as well as for these for this landscaping.

One of the things we really want to do is understand pathways to financial protection. We understand that financial protection is a core to universal health coverage. Right. It is one of the final goals of the SDG's. We know that one of the ways to ensure financial protection for populations that are users of the health system is to ensure prepayment, which is also known as savings, as well as pooling of resources, which is also known as health insurance, rather than relying on folks to pay for health services when they when they are at a facility. For those of you who are not familiar with health and the terminology within the health space, when we talk about financial protection, essentially, what we're saying is we are trying to protect individuals from catastrophic financial expenditures due to seeking health. We are looking to avoid and to protect vulnerable communities that are health seeking, they seek health services, they need health services, but we want to protect them against financial catastrophe because that they have because they are seeking those health services. So that's what we mean by financial protection.

The goal of the landscaping, really, from our perspective is to assess digital health savings and health insurance models which help us understand how do we strengthen, how do these models support financial protection and how do they support utilization of health care services in resource constrained setting. So how does having health savings, how does having access to digital health insurance help you to protect yourself against a financial catastrophe due to health, but also, how does it impact the use of health services. Are we seeing that the with the presence of health savings accounts, with the presence of digital health services digital health insurance, are we seeing that people are using health services more frequently? Are they following up? Are they going on a health journey? Or does it have absolutely no impact at all. These are the kind of the questions that we are we are delving into and we have some considerations on gender given that a lot of the users for health service are women and we're very concerned with the health of young children who are to a lot of times, coming to health services, health facilities with their with their mothers or grandmothers.

We also understand something very important which is DFS exists in a digital ecosystem. Here we're saying that this landscaping should include a review and analysis of adjacent digital solutions that support that healthcare delivery. We're thinking digital patient tracking, referrals, decision support tools and there are so many more that can be involved. They exist with digital financial services to offer comprehensive solution. We are focused on prepayment; we are focused on pulling; but we also understand that in order to support behavior change at the user level that that user might need access to reminders that it is time to come back in for your follow up visit or for the booster for this immunization or it's time for that next prenatal visit, etc. So, what are the other tools that coexist in collaboration with health savings and digital health insurance that support usage or that support the customers or the user's journey into the into the health sector. Likewise, the service providers, those who are providing health services, are also using more than digital savings and digital health insurance to manage as care. They might be using decision support tools, protocols, to make sure that their administration of the health facility etc. are in use. Or, do we find that the digital financial services solutions can exist on their own, or are they best suited when they're in living in are enacting in a digital ecosystem of various tools. So that's a recognition of that.

We believe that the private sector and private sector service providers are going to be key here. For the most part we are seeing a lot of momentum and innovation amongst private sector actors who are leading digital health services that include insurance, that include health savings, that includes digital communications, etc. The private sector service providers are not only, oftentimes supporting users in engaging the health system, but the private sector service providers also support the facilities in being able to accept digital payments and being able to accept digital health insurance in being able to link this decision making medical protocols to being reimbursed by health insurance, etc. There are certain firms that exist in that are in the markets that are working in this space and would be very interested in in understanding what role they have, and where do they intersect with the public sector? Where do they intersect with the ministries of health? Or do they at all? Or is that a key is that a factor of success or is it irrelevant? These are some of the other factors that we're considering.

Why are we doing this and what are we trying to do with this? We're trying to increase knowledge and inform our practice. This assessment should result in knowledge for health service providers and stakeholders. Here I'm talking about the likes of USAID and other donors that are interested in supporting health service delivery. We're talking about the likes of the ministries of health around the world, etc. and so on, and so forth, as well as the private sector that is in this space. How do we inform

and clarify some of these issues for them, given that we are all pursuing universal health coverage; given that we are all pursuing financial protection; given that we're all pursuing an increase in health utilization. We want to understand the environment from incorporating digital solutions. What makes sense from an operations perspective. We want to include change management processes. There is a user inside of the health service, so we're talking about doctors, nurse's health and health administrators that undergo a change management process from a paper based management system to a digitally enabled management system. How does that change things? What do we need to understand about some of the key enablers for that? What are the impacts at the claim level and what are some enabling policy environments or conditions that help us to accelerate the benefits of digitization towards UHC? That is basically a brief on our thinking and our aspirations for this assessment, over

Amanda: Thank you so much Amani. That was excellent. Alright folks, this is your chance to ask questions, over to you now. You can ask questions: if you're not sure about the platform or the logistics of posting your concept note; if you'd like some clarification on the technical scope of the RFA. You can either post your questions in the chat or you know come off mute one at a time and ask your questions so I will open the floor.

Q: Thank you both so much for the overview of what an exciting opportunity. Two questions, so I'll start with the first one. Can you speak a bit more about the consortium? I certainly sense there's sort of urging or recommendation to build a consortium. I wanted to kind of get a sense of, as you look at the selection criteria for shortlisting and then sort of the ultimate proposal, I see that falling into sort of three camps. One is organizations that might say, we have a consortium and here's who we're partnering. The second might be we don't have one lined up for October 18 but we're definitely interested. And then the third saying, you know what, I think we can sort of do this alone so wanted to kind of get a sense if that will contribute to that selection criteria process.

A: I can speak about the consortiums. A lot of times when you're implementing work, you have a prime and you have subs. You bring on subs because they bring a little extra; they have a little extra knowledge; they have something else that they can contribute to the activity that you're going to be doing. If you find a partner, or if there's someone who would want to join your consortium and say, hey, we could bring this part of the assessment or we bring this extra knowledge that's the value of the consortium. It's not required. It's always encouraged in our space. This is a lot of the spirit of Digital Square on partnering and collaborating together. If you're looking for someone to join your work, say hey I've got this concept, note, this is what we're doing, we'd love to have someone join us that has x expertise, you can put that in your concept, you can make a comment on your own concept note and say we're looking for someone with expertise and XYZ. That's a great way to try to find additional partners in your consortium.

Q: We are health tech startup where we work with people in remote areas and peri urban centers to help in delivering faster and reliable access to care. In our focus and our approach, we also use mobile money and alternative healthcare financing to help people reduce the shock which is caused by emergency health care payments. Based on the work we've done so far, we are thinking of an approach where we are scaling from the onset. We've had discussions, where we have partners in other countries, in East Africa and other parts of West Africa, we want to find out that in terms of the implementation of this, we have to implement the project and in our country, or is there flexibility to expand and scale into other countries for a greater impact?

A: Yes, I would thank you so, so much for that question. Yes, you can obviously study what's happening and the developments in Ghana. Absolutely. I would encourage you to look into other countries as well. You might think of it in several ways you can look at it from a geographic perspective of what's happening in country X versus Y vs Z. Or you can look at it from a provider perspective. So you have company x working in countries, A, B and C, and what does that look like? Yes, I think we're we're open to learning about different models in different contexts. I think that having more than one country is going to be attractive.

Q: Just a little bit of add on, apart from the learnings that we look together at the end of this project, in terms of the implementation, what does that look like and from PATH's viewpoint and the overall sustainability of the project?

A: This is an iterative process. We have determined now, the areas of research interest that concern us. The implementation, however, is something that are that I think we need to have some more information on what we find in order to inform. I will say that desire is to have implementation. So, for the time being USAIID is the primary donor for this research, but we are actively looking for other donors to come in on this research opportunity for the precise reason that we want to have an implementation after the research has completed. What that will look like will be different for USAID versus another donor. In speaking for USAID, what we'd like to see is that, a mission in a country that is interested, and that is that is really leaning into digital and in the health space and digital financial services in the health space, will take the learnings from this research and influence and the design of their programs. Because we haven't pre determined who the missions are, because we don't know what the findings are saying to us, we are not able to say at this time, during this very early phase, what that will look like, but that is the intention. We do not study to study, we study to implement.

Q: And finally, based on the results or the outcomes. In terms of the focus, is this call for proposals just to get the learnings and the outcomes from the consortium? Or will there be a further stage where there's an implementation from the consortium that for instance will be formed?

A: As we sit today it, given the budget that we currently have available for this activity, we are looking only at the study itself, the assessment itself, the landscaping itself. However, we are continuing to fundraise so that we can support an implementation. We cannot commit to implementation today because we do not have the funding for that implementation, but that is the work that I am doing along with my colleagues. We are actively seeking additional funding so that we can turn the findings, the recommendations from this assessment into tangible projects.

Q: There are a few questions in the chat I'd like raise. What are your assumptions about the balance of quantitative versus qualitative data, in other words, CDR,s we should be looking to include in our research?

A: I will say this, in the in the health space, numbers are very attractive. I think that my colleagues in missions across the world are very convinced by numbers. The quantitative can be, given that we're looking at a digital solution, I think the numbers will be about the number of users, perhaps the frequency of us, etc. I think this does not discount qualitative at all. I think the behavior change, the stories behind financial protection, and those human, the basically the story behind the numbers are equally as important. This is not supposed to be a necessarily an academic exercise where we're seeking to publish in some scholarly journal. We're not against that but that's, again, not the purpose of this, the

purpose of our research here and this this landscaping is really to inform the fields and to inform knowledge and practice. Numbers are always compelling. I think it's very difficult to argue with numbers. If they are strong and the methodology is strong qualitative is very important to bring the point across and to translate what these numbers mean and actual people's lives. Those people obviously are not only the users of the health system, but also the, the administrators of that health system. We're very interested in hearing or learning if digital solutions, such as the ones we are interested in investigating, actually help hospitals generate more revenue, if they actually help hospitals invest that revenue into improved trainings for staff, etc. There is an operational or I would say an organizational benefit. We assume that there is that benefit for hospitals in in digitizing their operations and especially in terms of buildings and payments, but we would like that to be proven, at least with case studies. Obviously this is not going to be a global comprehensive studies. But if we have some examples documented from several countries, etc. that would be very compelling for us.

Q: Can you please clarify what is the geographical scope of the study? Do you have any specific countries in mind for the study? Lastly, is this expected to be secondary research, are you also expecting primary research to be done?

A: There is no particular geographic focus to this study, I would say, we are interested in solutions that are working, whether they be in Asia or Africa or Latin America. We are interested in solutions that are working in in low resource contexts; we'd be less interested in a solution that works in London versus a solution that works in Accra, so there's that point. We're expecting definitely secondary research. Absolutely. It would be wonderful to have primary but given the scope of the budget, I can understand if that were not financially feasible. But yes, primary research is, obviously, a great thing.

Q: And a follow up question. Regarding using the results for implementation, what if the most likely follow up would be a commercial implementation by a company rather than an NGO. Are you amenable to the potential of companies in other words, MNOs, or third party SFP's?

A: Absolutely. Sorry, I didn't even let you finish that question. We would be very interested in partnerships with the private sector and having this research inform private sector investment. That would be a win.

Q: My question is about, in the RFA, it states that that currently up to $170,000 the funding has been identified from which up to two several awards are expected to be made. Can you describe what you're thinking, in terms of, why there would be to several awards, instead of one larger award to do a full landscaping, especially given your encouragement of global health organizations and private sector and others to collaborate.

A: This is an anticipated. I think the value of having multiple awards is there could be different aspects, different things submitted through this process that would be really valuable for USAID to invest in. So there could be a concept note or a full application that addresses one part of the assessment in more detail, and then another one is very complimentary to that. When we get to the application phase, it very helpful for applicants to submit, again, this isn't the application phase not now, work packages. We would propose to do x for x amount, and then the next phase would be x for x amount kind of breaking that down. As Amani, said we have, you know, the set amount. We are looking into augments in these funds so hopefully there will be funds beyond what we've stated in in the RFA, but that's the minimum

amount that we have available now. And it could be, there's only one award made, we'll have to see what comes through.

Q: These are all really good questions Amani. I have a question for you that came through someone who was unable to join the call today. What if an organization is interested in this, but they don't have a health background? What would you say about them applying for this opportunity.

A: I'll even say if you don't have a DFS background. I would say that make it very clear what your value proposition is. I'd like to see a strategy of how to compensate that in some way, perhaps a suggestion or an ask for assistance in some way. We acknowledge that perhaps we don't have a health background, and so therefore, what are we suggesting X. I would say that they should be some narrative around what could be offered or if they were open to partnering with someone else and they're asking perhaps for the reviewers to suggest something. I wouldn't discourage people from applying if they don't have a health background or a DFS background for that matter, but I would acknowledge it and potentially offer a solution or request for assistance in that area.

Q: Yes, I think that's the value of the consortium piece, partnering up. I just saw a note come through the chat: given that you're looking for additional funds and the scope of interest is broad are you looking for applicants to list activities that can be done for funding beyond $170,000?

A: We're not looking at funding at this phase. Think a little bit now about what your ideas and what you propose. I would recommend if you if you have ideas that go beyond $170,000, when you get to the application phase, to put those in. I wouldn't put in an application for a million dollars, but t if you go slightly above, I think that's absolutely fine, as long as it's detailed and work packages.

Q: So from our point, what would success look like in terms of PATH's expectation?

A: For us, and I think for USAID, success and this phase right now are: a number of quality concept notes that are posted for us to advance to an application phase. Success in the application phase would be very strong applications responding to the requirements of RFA. I think innovation is important. Amani listed a couple of ideas and her responses to questions today. At the end of the day of very thorough assessment is the successful measure. Information that USAID can use, not just for the sake of having it, but for the sake of planning activities, as she said. So it's different measures of success at different phases, but really good quality data to inform planning is the ultimate measure of success.

I think the at the culmination of this exercise, I think successful would be identifying partners, whether they be in the private sector, the public sector, NGOs, etc. who would like to action this research, the research findings and begin to pilot iterate, etc, around, around this space. I think that momentum is actually beginning already. We'd like to inform our own internal thinking so that we are moving in a way that is essentially it reverberates with what we are finding in the field.

Q: In terms of the implementation, the outcomes and implementation, is the sense that it very possible to begin implementing an implementation phase? Is it possible that the group or the consortium can have a right of first refusal, if there's an implementation phase? Is it a given that they will be included in the implementation phase?

A: I think the answer is there's no guarantee that there's going to be an implementation phase. There's hope, but this RFA is focused on the assessment. So not the next phase.

Q: There is a question about the level of budget detail that would be asked for during the full application phase.

A: There is a budget template provided in the RFA, although not required in Section 6, on page 8, of the RFA, which also provides a table of the required cost categories. I recommend looking at that. At minimum, and the budget needs to include personnel with all proposed staff with rates and their subsequent level of efforts and itemization of other costs, where those are supplies or publications funding.

Q: There was also a question about whether a fixed amount award would be considered.

A: The PATH process following a solicitation is reviewing the scope of work and then also doing a financial risk assessment of the organization. These pieces will inform the contracting mechanism and payment type, whether it will be cost reimbursement or a fixed amount award. So that decision will be evaluated following a selection and awardee for this RFA.

Amanda: I'm just going back in the slides to the timeline to remind folks that the budgeting aspect of this doesn't come until the technical co-creation and really the finalization piece. So you've got quite a bit of time. I understand you're thinking ahead guys about your budget and what you want to propose you and how much money would have to do it, but you don't need to get into the nitty gritty details of the budget until much later. And this process. I just wanted to note that budget is not part of the concept note phase.

Q: Next, there is a question about how the 30 points of the selection criteria will be divided to evaluate costs.

A: The 30 points will be awarded based on compliance with the sections detailed in Section 6 and reasonableness of costs. So, is personnel included and are level of efforts detailed? Are they at reasonable rates and what is the return on investment and value proposition? Is it aligned with the technical narrative that is submitted? It's making sure the budget is reasonable, it matches the narrative that you've posted and includes the appropriate details.

Q: The criteria includes organizational experience with health insurance. Could you clarify what type of experience you're looking for?

A: Let me help frame this we are not looking for individuals who are actuaries or designing health insurance products. I think that a basic understanding of how a financial product just is design would be helpful. So for example, I'd love to hear about what is covered under that health insurance product, for example, issued identified one that was particularly helpful to communities we're interested in what does it cover? I don't think it requires a very advanced understanding of health insurance products or it's just kind of information. I think that a background in financial services, generally speaking, is sufficient. What one would have to do in order to understand how that product is having an impact on the users, that is to say, the beneficiaries who can submit claims, you know. A general understanding of health insurance, but again, I'm not looking for folks who have the competency to design a health insurance products, etc. I don't think we're going to go to that level of detail. Again, what we're looking at kind of superficially: what is, what is the health insurance provide? If it works, why is it working? If it's not working, why is it not working? Those general questions and then more on the impact, kind of on its financial protection utilization, the impact on the admin and the ability of the health administration to

use that insurance product. Is it helpful or not, is it tied to medical protocols, is it not, etc. These are more the types of questions we are looking at. I don't think they require very, very deep knowledge of health insurance, per say.

Amanda: I will note we're going to have another Q&A call on Monday at 3pm EDT. If you have any additional questions that you think of that you'd like to ask you, you're welcome to join that call. It is going to be a mirror of this call today to provide more opportunities for folks to ask questions.

Q: Can one do work for more than one country?

A: I believe that's been answered already and yes and looking at different countries would be great. There's no specific geographical focus. I think that would probably be the ideal, to have more than one example country.

Attendee: We are very much passionate about health care, in terms of how we use technology to bridge that gap which has been created by lack of access. For us, we align ourselves strongly with the overall outcomes of this project. We look at transforming ideas into actions and actions into impact. We see this as a huge opportunity to work collaboratively and to innovate by leveraging existing information and building new information channels from both online and offline sources to help people. Not to linger on about in other low resource settings and emerging markets. Thank you very much for the opportunity to clarify some of these points, and we believe they'll be very valuable for us going forward.

Amanda: I'm feeling a shift, like we might have reached the end of our questions on this Friday. Thank you all so much for joining this discussion today, as I said, you will have an opportunity to ask more questions, if something else pops into your head over the weekend. You're always welcome to reach out to Digital Square if you have additional questions. Thank you to Amani for your presentation today on the technical activities and answering these questions. I want to thank my Digital Square colleague specially Jackie for jumping in today, and again, thanks to you all for joining. I'm so excited to see the concept news that you're going to be posting. If you're having any issues with the platform reach out to us. We don't want that to be a barrier to getting your concept note posted and we'll see you all online and have a great weekend.